qrulepubliccomments

From:	Jennifer Lemmings [jlemmings@cste.org]
Sent:	Friday, January 27, 2006 10:57 AM
To:	qrulepubliccomments
Cc:	Rolfs, Robert <UT>; Mangione, Ellen; McConnon, Patrick; Lakesha Robinson; C. Mack Sewell - New Mexico Department of Health; Gilberto Chavez
Subject:	Q Rule Public Comments - Submitted by the Council of State and Territorial Epidemiologists
Attachments:	NPRM Letter.pdf

To whom it may concern:

Please accept the attached letter regarding comments from the Council of State and Territorial Epidemiologists (CSTE) on *Control of Communicable Diseases Proposed Rule 42 CFR Parts 70 and 71*. These comments have also been submitted by US Postal Mail.

Sincerely,
Jennifer Lemmings

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Council of State and Territorial Epidemiologists

January 25, 2006

Centers for Disease Control and Prevention
Division of Global Migration and Quarantine
ATTN: Q Rule Comments
1600 Clifton Road, NE, (E03)
Atlanta, GA, 30333

Dear Sir/Ms;

I am pleased to submit comments from the Council of State and Territorial Epidemiologists (CSTE) on Control of Communicable Diseases Proposed Rule 42 CFR Parts 70 and 71. Communicable diseases present a real threat to the health and security of the United States. The SARS outbreak illustrated the speed with which diseases can traverse the globe and the Toronto experience with SARS demonstrated the potential consequences of such an introduction. Today, we face the possibility of an influenza pandemic resulting from the ongoing outbreaks of avian influenza H5N1 in Asia. CSTE shares CDC's interest in protecting the American people through a strong and integrated network of local, state, and federal public health agencies with appropriate legal authority to respond to these threats.

These comments were prepared by a workgroup that included Eddie Bresnitz (New Jersey), Gilberto Chavez (California), Allen Craig (Tennessee), Ken Gershman (Colorado), Ellen Mangione (Colorado, CSTE Executive Committee), Robert Rolfs (Utah), and Eden Wells (Michigan, CSTE Border/International Health Team).

In general, the proposed rule represents an appropriate and needed strengthening of federal quarantine authority. In particular, CSTE supports these aspects of the proposed rule:

1) The requirement that airlines and ships (on international voyages destined for a U.S. port) collect information about passengers and establish the capability to provide that information to CDC within 12 hours of request in a standard electronic format as described in Sections 70.4-70.5 and 71.1-70.11.
2) The authority for CDC to inspect, carry out sanitary measures, or to detain carriers to prevent introduction of a communicable disease as described in Sections 70.11-70.12 and 71.12-71.14.
3) The authority to require an airline or ship (on international voyage destined for a U.S. port) to disseminate to passengers and crew public health notices and other information as described in Section 70.2(b), 71.6(b), and 71.8(f).
4) The authority to impose measures to control introduction of communicable disease in Indian country as described in Section 70.27.

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5) The authority to require a carrier leaving a foreign port for a U.S. port to obtain a bill of health issued by an appropriate U.S. official as described in Section 71.4.
6) The authority to suspend introduction of persons or property from a country when the risk of introduction of any communicable disease warrants that step as described in Section 71.5.
7) The authority to screen to detect ill persons at ports as described in Sections 70.13 and 71.16.
8) The clarification of CDC's authority to impose quarantine on persons traveling from state to state or entering the country as described in Sections 70.14-70.20 and 71.17-71.23.

For certain sections, while CSTE supports the general concepts and intent, we have concerns about the way in which this proposed rule addresses the issue:

1) CSTE is strongly opposed to removing the requirement that a local health authority be notified of a death or ill person aboard a flight traveling between U.S. cities as described in Sections 70.2-70.3. This change has the potential to interfere with effective local response to important communicable disease threats, especially in cities that do not have federal quarantine personnel on-site. As part of their efforts to prepare for bioterrorism and other serious infectious disease threats, state and local health departments have in many areas established effective partnerships with airport authorities. This change could disrupt those relationships. In addition, several states have had experiences where CDC failed to appropriately notify the state or local jurisdiction in timely manner.

   Federal quarantine authority should reinforce state and local authority, not interfere with its effectiveness. CSTE understands the desire to simplify reporting for our industry partners. To that end, we recommend that the requirement for an airline to notify the local health authority be retained but be modified to allow the airline to notify the airport authority and the airport authority to notify the local health authority. The local health authority would be expected to notify CDC. Rather than damage effective local response relationships, this change would reinforce those relationships and also remove the requirement for the airlines to know the emergency response numbers in each of the cities to which they fly. CSTE does not object if the rule also requires the airline to directly notify CDC. That combination would provide a redundant mechanism for notification that takes advantage of the simplicity of a single national notification requirement combined with effective local preparedness partnerships.

2) CSTE recognizes the need to identify passengers with serious illnesses entering the United States via airline flights or aboard ships and supports the requirement for reporting death and ill persons in that setting as described in Sections 70.2-70.3 and 71.6-71.9. We also believe that there is benefit to clarifying what is meant by "ill persons" as has been done in the Definitions in Sections 70.1 and 71.1. However, we are concerned that the requirement to report all persons meeting the definition of "ill persons" at all times, whether or not an actual event is underway, is impractical and will not address the current failure to report serious events. We are particularly concerned about applying this requirement to flights between U.S. cities. For example, under ordinary times it is very unlikely that a person with diarrhea traveling between Denver and Salt Lake City has a problem warranting the attention of public health authorities in either state, much less that of CDC. In the case of domestic travel, we recommend that the proposed rule be changed as follows:
   a) Retain a general requirement (similar to the current rule 42 CFR Part 70.4) that an airline, when it recognizes that a passenger or crewmember may have a quarantinable disease (or other communicable disease with potentially serious consequences, e.g., measles), notify the local health authority and CDC as described above;
   b) Define ill persons similar to the current proposed rule;
   c) Require airlines to develop a plan by which they could implement measures to recognize and report all persons meeting the definition of ill persons within 24 hours of notification by CDC of the need to do so;
   d) Define the authority of the CDC Director to require airlines to implement those measures in the event a public health need makes that reporting necessary.

   In the case of international travel, we understand and support CDC's need to identify a passenger who might be bringing a serious illness into the U.S. We also realize that current requirements have failed to meet that need. We have concerns about the practicality of the proposed approach for international flights. The solution identified above for domestic flights may not be adequate for international travel. However, state epidemiologists have substantial experience with surveillance in a variety of settings and would be pleased to work collaboratively with CDC to help develop a workable approach to this problem.

3) As stated above, we support the proposed requirement that airlines collect passenger information and be capable of providing it to CDC upon request. We have some concern that this new requirement could interfere with the

ability of a state or local health department to obtain similar information to meet locally determined needs. We request that the proposed rule include a statement that this rule does not restrict the authority of state or local health departments to obtain passenger information when needed to respond to a public health threat.

4) As stated above, we support the clarification of CDC's quarantine authority. We understand CDC's desire to limit its responsibility to pay for care in those situations as described in Sections 70.21 and 71.24. However, we are concerned that these limitations will make it difficult to obtain cooperation from those facilities. Strong partnerships with hospitals and health care providers are an essential component of preparedness for serious infectious disease threats. We suggest that CDC provide greater assurance that hospitals that assist public health in exercising this authority will not be punished financially for that cooperation.

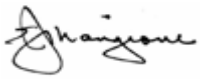
Finally, protecting the people of the U.S. from serious infectious disease threats will require a strong and integrated public health system, where federal, state, and local public health authorities work together and reinforce each other. CSTE believes that in addition to strengthening and clarifying this authority in the proposed rule, it is essential that CDC work closely with state and local health departments to establish a cooperative and coordinated approach to implementing this authority. That need exists throughout the proposed rule, but in our review we identified several areas where the overlap between federal and state/local authority is greatest and where this need for coordination is especially critical. These include:

1) The imposition of quarantine related to interstate travel;
2) Receiving and responding to reports of disease, especially involving interstate travel;
3) Screening passengers departing from or arriving at an airport or port in a U.S. city;
4) Establishing vaccination clinics;
5) Most importantly, in establishing relations and communications with the partners needed to exercise this authority. We recognize the authority of CDC to interact with hospitals, airports, airlines, and other partners in exercising its appropriate authority. We hope that CDC will also recognize that state and local health departments interact with those same partners on many issues. It is critical that as CDC establishes the relations needed to exercise its authority, it does so in cooperation with state and local health agencies so as not to undermine ongoing partnerships at the state and local level.

Thank you for the opportunity to comment on these proposed rules and for the work that went into preparing them. We look forward to working collaboratively with CDC to assure a strong public health system to meet old and emerging infectious disease threats.

Sincerely,

C. Mack Sewell, DrPH, MS
CSTE President



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